Effective January 1, 2003												
CLAIMS AS FILED - PART I (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS							ſ	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED NUM		ER EXTRA	ē	BASIC FEE	375.00	OR			
TOTAL CHARGEABLE CLAIMS			minus 20= *		-	113	X\$ 9=		1			
INDEPENDENT CLAIMS			/ minus 3 = */				ŀ			OR		
MULTIPLE DEPENDENT CLAIM P			RESENT				-	X42=		OR	*X84=	
—	the difference							+140=		OR	+280=	
T II		in column 1 is			•	column 2		TOTAL		OR	TOTAL	•
											OTHER	
广	1000.	(Column 1) CLAIMS		(Colur Righ		(Column 3)	1 -	SWALL		OR B	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total .	. 6	Minus .	-2	0			X\$ 9=		OR	X\$18=	
	Independent	NTATION OF M	Minus	173)			X42=		OR	X84=	•
	rinsi Priese	NTATION OF M	ULTIPLE U	EPENDENT	CLAIM			+140±	`~	OR	+280=	
	1114	405					- L -	TOTAL DDIT. FEE			TOTAL	•
	11-1	(Column 1)		(Gotun	The second second	(Column 3)					ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BEA	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· (p	Minus	1.0	0	-		X\$ 9=		OR	X\$18= .	
	Independent FIRST PRESE	NTATION OF MU	Minus UTIPLE D	EPENDENT	CLAIM			X42=		OR	X84=	•
								+140=		OR	+280=	
TOTAL ADDIT. FEE									OR	TOTAL ADDIT. FEE	·	
	•	(Column 1)		(Colum		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	444		8	-	X42=		•		
لـا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							A74.5		OR	X84=	
• 1	f the entry in colo	mn 1 ke laca than th	o onto: L	h	SALL -		4	140=		OR	+280=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE										OR ,	TOTAL ADDIT. FEE	
The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												

Application or Docket Number